

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM ITO 470)							SERIAL NO. 87708247	FILED DATE
CLAIMS							APPLICANT	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
NO.	OFF.	NO.	OFF.	NO.	OFF.			
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TOTAL NO.				19				
TOTAL OFF.				134				
TOTAL				153				

APPLICANT(S)

ENDING DATE

## CLAIMS

(FOR USE WITH FORM FTO-17)						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	OFF.	NO.	OFF.	NO.	OFF.			NO.	OFF.	NO.	OFF.
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TOTAL NO.				19							
TOTAL OFF.				134							
TOTAL				153							